

**DISSOLUTION OF
CIVIL UNION REPORT**

JD-FM-181A New 12-05

P.B. § 25-58

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.state.ct.us

INSTRUCTIONS

1. To be completed by the Attorney for the Plaintiff or, if Pro Se, by the Plaintiff.
2. Clerk to complete section 2.

PART 1 (To be completed by Attorney for the Plaintiff or, if Pro Se, by the Plaintiff)

PLAINTIFF	NAME OF PLAINTIFF (First, middle, last)		PLAINTIFF'S BIRTH NAME IF DIFFERENT THAN STATED (Last name only)		
	USUAL RESIDENCE (Number and street)		CITY OR TOWN		
	COUNTY	STATE	BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Mo., Day, Year)	
DEFENDANT	NAME OF DEFENDANT (First, middle, last)		DEFENDANT'S BIRTH NAME IF DIFFERENT THAN STATED (Last name only)		
	USUAL RESIDENCE (Number and street)		CITY OR TOWN		
	COUNTY	STATE	BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Mo., Day, Year)	
CIVIL UNION HISTORY	PLACE OF THIS CIVIL UNION (City)		COUNTY		
			STATE		
	DATE OF CIVIL UNION (Mo., Day, Year)		APPROXIMATE DATE COUPLE SEPARATED (Month, Year)		
	NUMBER OF CHILDREN OF THIS CIVIL UNION		NUMBER OF CHILDREN STILL LIVING		NUMBER OF CHILDREN UNDER 18 YEARS OF AGE
	CSSD FAMILY SERVICES EVALUATION <input type="checkbox"/> YES <input type="checkbox"/> NO		CSSD FAMILY SERVICES MEDIATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
PUBLIC ASSISTANCE RECIPIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT OF ASSISTANCE MONTHLY			
ATTORNEY FOR MINOR CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO		GUARDIAN AD LITEM FOR MINOR CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO			
ATTORNEY FOR PLAINTIFF (IF APPLICABLE) (Name)		ATTORNEY'S ADDRESS (IF APPLICABLE) (No., street, city, state, zip code)			

INFORMATION FOR STATISTICAL PURPOSES ONLY: (To be completed by Attorney for the Plaintiff or, if Pro Se, by the Plaintiff)

RACE (White, Black, Native American, etc., specify)	NO. OF PRIOR MARRIAGES AND CIVIL UNIONS (First, Second, etc. specify)	IF PREVIOUSLY MARRIED OR PARTY TO A CIVIL UNION HOW MANY ENDED BY		EDUCATION - SPECIFY HIGHEST GRADE COMPLETED		
		DEATH	DISSOLUTION OR ANNULMENT	ELEMENTARY (0,1,2,3, thru 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3, 4 or 5+)
PLAINTIFF	FOR PLAINTIFF	FOR PLAINTIFF	FOR PLAINTIFF	PLAINTIFF	PLAINTIFF	PLAINTIFF
DEFENDANT	FOR DEFENDANT	FOR DEFENDANT	FOR DEFENDANT	DEFENDANT	DEFENDANT	DEFENDANT

PART 2 (To be completed by the Clerk of Superior Court)

DECREE	DATE OF DECREE (Mo., Day, Year)	TYPE OF DECREE <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	DATE WRIT RETURNABLE (Month, Year)		
	COUNTY OF DECREE		DOCKET NO. FA		
	CASE CONTESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	CUSTODY OF MINOR CHILDREN TO <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		<input type="checkbox"/> JOINT	<input type="checkbox"/> NOT APPLICABLE
DECREE GRANTED TO <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TITLE OF OFFICIAL		SIGNED (Clerk or Assistant Clerk)		